APPLICATION FOR CORRECTION OF MILITARY RECORD UNDER THE PROVISIONS OF TITLE 10, U.S. CODE, SECTION 1552 (Please read instructions on Page 2 BEFORE completing application)

Form Approved OMB No. 0704-0003 Expires Mar 31, 1996

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarter Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget Paperwork Reduction Project (0704-0003), Washington, DC 20503.

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AUTHORITY.	Title 40 11 C	Codo 1552 FO 0207		PRIVACY ACT	STATEMENT					
AUTHORITY:		Code 1552, EO 9397.		d The forms is us.	ad hu Daard m		view of pertinent informati			
PRINCIPAL PURPOSE:	of relief throug	gh correction of a milita	ry record.	a. The form is us	ей бу воаго п	embers for re	view of pertinent informati	on in making a d	etermination	
ROUTINE USE(S):	None.									
DISCLOSURE:	Voluntary; how	wever, failure to provide	e identifying inform dividual and appro	nation may imped	e processing o	f this applicat	tion. The request for Soci	al Security numb	er is strictly to	
1. APPLICANT DATA	•									
a. BRANCH OF SERVICE ((one)	(1) ARMY	(2) NAVY	(:	3) AIR FORCE		(4) MARINE CORPS	6 (5) COAST GUARD	
b. NAME (Last, First, Middle	Initial) (Please	print)		c. PRESENT PAY GRADE		d. SERVICE (If applicab		e. SOCIAL SE	CURITY NUMBER	
2. TYPE OF DISCHARGE (I	f by court-martia	al, state type of court.)		3. PRESENT ST ARMED SER			PECT TO THE Reserve, etc.)	4. DATE OF D FROM ACT	ISCHARGE OR RELEA VE DUTY	ASE
5. ORGANIZATION AT TIME	OF ALLEGED	ERROR IN RECORD				6. I DESIRE (No expe	TO APPEAR BEFORE T nse to the Government) (2	HE BOARD IN W X one)	ASHINGTON, D.C.	
				L ADDRESS (S	· 1 O'/- O'-	(· · · · · · · · · · · · · · · · · ·	-d-N	a. YES	b. NO	
7. COUNSEL (If any) a. NAME (Last, First, Middle	Initial)			b. Address (S	treet, City, Sta	te and Zip Co	ae)			
a. NAINE (Last, 1 list, Milloule	muaij									
8. I REQUEST THE FOLLO	WING CORREC	TION OF ERROR OR I	INJUSTICE:	ı						
9. I BELIEVE THE RECORD	TO BE IN ERR	OR OR UNJUST IN T	HE FOLLOWING P	ARTICULARS:						
10. IN SUPPORT OF THIS		I SUBMIT AS EVIDEN	CE THE FOLLOW	ING (If Veterans .	Administration	records are p	ertinent to your case, give	Regional Office		
location and Claim Nun	nber.)									
11. ALLEGED ERROR OR I	NJUSTICE									
a. DATE OF DISCOVERY	b. IF MO	RE THAN THREE YEA	ARS SINCE THE A	LLEGED ERROF	OR INJUSTIC	E WAS DISC	OVERED, STATE WHY T	HE BOARD SHO	OULD FIND IT	
	IN IA	E INTEREST OF JUST	TICE TO CONSIDE	R INIS APPLICA	ATION.					
12. APPLICANT MUST SIG									MARKING	
APPROPRIATE BOX.	UST ACCOMPA	ANY APPLICATION. IF	- APPLICATION IS	S SIGNED BY OI	HER IHAN AF	PLICANT, IN	DICATE RELATIONSHIP	OK STATUS BY	MARKING	
a. SPOUSE	b. WIDOW	c. WIDO	WER d	I. NEXT OF KIN		e. LEGAL	REP f. OTH	IER (Specify)		
13. I MAKE THE FOREGOII STATEMENT OR CLAIM							VED FOR WILLFULLY M. re than 5 years imprisonm			
14. COMPLETE CURRENT	ADDRESS, INC	LUDING ZIP CODE (A	pplicant should for	rward notification	of all changes	of address.)			CUMENT NUMBER	
								(Do n	ot write in this space.)	
15. DATE SIGNED		16. SIGNATURE (A)	oplicant must sign	here.)				1		
		1	-							

INSTRUCTIONS

(All data should be typed or printed)

- For detailed information see: Air Force Regulation 31-3; Army Regulation 15-185; Coast Guard, Code of Federal Regulations; Title 33, Part 52; or Navy, NAVEXOS P-473, as revised.
- Submit only original of this form.
- Complete all items. If the question is not applicable, mark "None."
- If space is insufficient, use "Remarks" or attach additional sheet.
- 15. Various veterans and service organizations furnish counsel without charge. These organizations prefer that arrangements for representation be made through local posts or chapters.
- 6. List all attachments and enclosures.
- ITEMS 6 AND 7. Personal appearance of you and your witnesses or representation by counsel is not required to ensure full and impartial consideration of applications. Appearances and representations are permitted, at no expense to the Government, when a hearing is authorized.
- **ITEM 8**. State the specific correction of record desired.
- ITEM 9. In order to justify correction of a military record, it is necessary for you to show to the satisfaction of the Board, or it must otherwise satisfactorily appear, that the alleged entry or omission in the record was in error or unjust. Evidence may include affidavits or signed testimony of witnesses, executed under oath, and a brief of arguments supporting application. All evidence not already included in your record must be submitted by you. The responsibility for securing new evidence rests with you.
- 10. ITEM 11. 10 U.S.C. 1552b provides that no correction may be made unless request is made within three years after the discovery of the error or injustice, but that the Board may excuse failure to file within three years after discovery if it finds it to be in the interest of justice.

MAIL COMPLETED APPLICATIONS TO APPROPRIATE ADDRESS BELOW							
ARMY	COAST GUARD						
(For Active Duty Personnel) Army Board for Correction of Military Records Department of the Army, 2nd Floor 1941 Jefferson Davis Highway Arlington, VA 22202-4508	Chairman Board for Correction of Military Records (C-60) Department of Transportation 400 7th St., SW Washington, DC 20590						
(For Other than Active Duty Personnel) CO, USARPERCEN ATTN: DARP-VSA-A 9700 Page Blvd. St. Louis, MO 63132-5200							
NAVY AND MARINE CORPS	AIR FORCE						
Board for Correction of Naval Records Department of the Navy Washington, DC 02370-5100	Board for Correction of Air Force Records ATTN: SAF/MIBR 550-C Street West A Wing, Basement Randolph AFB, TX 78150-4722						
REMARKS (Applicant has exhausted all administrative channels in seeking this correction and office. (Applicable only to active duty and reserve personnel.))	I has been counseled by a representative of his/her servicing military personnel						